

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295048		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2008	
NAME OF PROVIDER OR SUPPLIER HARMON MEDICAL & REHABILITATION HOSP - SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 2170 EAST HARMON AVE LAS VEGAS, NV 89119			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result a recertification survey conducted at your facility on 10/15/08-10/16/08. The census was 2. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			F 000			
F 242 SS=D	<p>The following deficiencies were identified.</p> <p>483.15(b) SELF-DETERMINATION AND PARTICIPATION</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to ensure 1 of 2 residents had the right to choose where she could dine (#1).</p> <p>Findings include:</p> <p>Resident #1 was a 62 year old female with diagnoses to include Acute Diverticulitis, Hypertension and Degenerative Joint Disease.</p>			F 242			11/18/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	Continued From page 1 On 10/15/08 in the morning, the resident indicated she was unaware she was able to eat anywhere other than her room. She indicated she was unaware there was a dining room/area for residents.	F 242			
F 248 SS=E	<p>483.15(f)(1) ACTIVITIES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure an ongoing program of activities was designed to meet the interests, physical, mental and psychosocial well being of each resident.</p> <p>Findings include:</p> <p>Interview</p> <p>On 10/15/08 in the morning, the Activities Director revealed she was unable to provide evidence of an on going activities program for the months of June 2008, July 2008 and August 2008.</p> <p>On 10/15/08 in the morning, the Administrator indicated the previous Activities Director left without giving notice in May 2008 and he was unable to replace her until September 2008.</p> <p>Document Review:</p> <p>The facility was unable to provide an activities</p>	F 248			11/18/08

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F 248	Continued From page 2 calendar or documentation of an ongoing activities program for June, July and August of 2008.	F 248			